

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 16 1934

#13122

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

6916
22718

1. PLACE OF DEATH

County.....
Township.....
City St Louis Mo (No. City Inf)

Registration District No. **791**
Primary Registration District No. **1003**

File No.....
Registered No.....
St. Ward)

2. FULL NAME

(a) Residence, No. City Infirmary St. 13 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
56

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

13. NAME unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) J Jordan 5800 Arsenal

18. BURIAL, CREMATION, OR REMOVAL PLACE St Louis DATE 1/3

19. UNDERTAKER (ADDRESS) Walter Richter 3509 Rutgers St

20. FILED 11 14 1934 J. F. Braddock Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/27/ 19 34

22. I HEREBY CERTIFY, That I attended deceased from 3/23, 1934, to 6/27/, 1934.

I last saw h. aa alive on 6/27/, 1934. Death is said

to have occurred on the date stated above, at 7.05 p.m.

The principal cause of death and related causes of importance were as follows:

Heart & lungs Date of onset

936 191 191 30

Other contributory causes of importance:

Chronic myocarditis

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify.....

(Signed) L. H. Morgan, M. D.

(Address) Forl. 7/2/34

442

100

100

1. The first group of respondents (n = 10) was asked to identify the most important factors influencing their decision to use a mobile phone. The results are shown in Table 1. The most important factors were the cost of the phone (n = 8), the cost of the service (n = 7), and the ease of use (n = 6).

1998

9.